

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Sarah Lloyd for Congress

ADDRESS (number and street) ▼

W13615 Nelson Rd



Check if different than previously reported. (ACC)

Wisconsin Dells

WI

53965

2. FEC IDENTIFICATION NUMBER ▼

C C00611525

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

WI

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mark Davis

Signature of Treasurer Mark Davis

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Sarah Lloyd for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15256.00	15256.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	15256.00	15256.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4518.40	4518.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4518.40	4518.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10737.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	700.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 16

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Sarah Lloyd for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

7900.00

7900.00

(ii) Unitemized.....

5756.00

5756.00

(iii) TOTAL of contributions from individuals ▶

13656.00

13656.00

(b) Political Party Committees.....

1000.00

1000.00

(c) Other Political Committees (such as PACs).....

100.00

100.00

(d) The Candidate.....

500.00

500.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

15256.00

15256.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

15256.00

15256.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4518.40	4518.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4518.40	4518.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15256.00
25. SUBTOTAL (add Line 23 and Line 24).....	15256.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4518.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10737.60

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 16
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Sarah Lloyd for Congress

A. Full Name (Last, First, Middle Initial) Kimberly Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2016	
Mailing Address 4761 Schneider Dr		Transaction ID : VSH25BJP6R2	
City Fitchburg	State WI	Zip Code 53575-2229	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer self	Occupation Chef K Clark Pickles and Preserves		* Earmarked Contribution: See Below
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

B. Full Name (Last, First, Middle Initial) Lloyd for Congress		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2016	
Mailing Address		Transaction ID : VSH25BJP6R2E	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C H6WI06100		<input checked="" type="checkbox"/> Memo Item	
Name of Employer	Occupation Conduit total listed in Agg. field		Note: Above Contribution earmarked through this organization.
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 6680.00		

C. Full Name (Last, First, Middle Initial) Hiroshi Kanno		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2016	
Mailing Address N9947 Thompson Dr		Transaction ID : VSH25BJP942	
City Wisconsin Dells	State WI	Zip Code 53965-9403	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer None	Occupation Retired		* Earmarked Contribution: See Below
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1250.00
TOTAL This Period (last page this line number only).....	_____

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

Lloyd for Congress

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C H6WI06100

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

6680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2016

Transaction ID : VSH25BJP942E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Jack Kloppenburg

Mailing Address 2318 Rowley Ave

City

Madison

State

WI

Zip Code

53726-5330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2016

Transaction ID : VSH25BJP87R

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

Lloyd for Congress

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C H6WI06100

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

6680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		20		2016

Transaction ID : VSH25BJP87E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

A. Jamie Lloyd

Mailing Address 710 Luke Mountain Rd

City

Covington

State

VA

Zip Code

24426-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2016

Transaction ID : VSH25BK63C7

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Neal Lloyd

Mailing Address 710 Luke Mountain Rd

City

Covington

State

VA

Zip Code

24426-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2016

Transaction ID : VSH25BJPAA0

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matt Moehr

Mailing Address 450 N Few St
Apt 3

City

Madison

State

WI

Zip Code

53703-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer

UW Madison

Occupation

Programmer

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : VSH25BJP9R8

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

Lloyd for Congress

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C H6WI06100

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

6680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : VSH25BJP9R8E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Rebecca Schewe

B.

Mailing Address 102 Berkeley Dr

City

Syracuse

State

NY

Zip Code

13210-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse University

Occupation

Professor

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2016

Transaction ID : VSH25BJP6M0

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

Lloyd for Congress

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C H6WI06100

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

6680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2016

Transaction ID : VSH25BJP6M0E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

Sue Silverstein

Mailing Address 2787 Mayfield Way

City

Richfield

State

WI

Zip Code

53076-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milwaukee Area Technical College

Occupation

Instructor

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2016

Transaction ID : VSH25BJP9D3

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

Lloyd for Congress

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C H6WI06100

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

6680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2016

Transaction ID : VSH25BJP9D3E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

7900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

SIXTH DISTRICT DEMOCRATIC PARTY OF WISCONSIN

A.

Mailing Address 417 E 1st St

City

Waldo

State

WI

Zip Code

53093-1312

FEC ID number of contributing
federal political committee.

C C00274407

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2016

Transaction ID : VSH25BK63F1

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sarah Lloyd for Congress

A. Full Name (Last, First, Middle Initial)
Margo Miller for Assembly

Mailing Address 813 W Carroll St

City State Zip Code
 Portage WI 53901-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 100.00

Date of Receipt

M M / D D / Y Y Y Y
 03 19 2016

Transaction ID : VSH25BJ6485

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

Sarah Lloyd

A.

Mailing Address W13615 Nelson Rd

City

Wisconsin Dells

State

WI

Zip Code

53965-9433

FEC ID number of contributing
federal political committee.

C H6WI06100

Name of Employer

Wisconsin Farmers Union

Occupation

Project Coordinator

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : VSH25BJPA84

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2016

Amount of Each Disbursement this Period

69.41

☐ Memo Item

Transaction ID : VSG2X9N0YM1

B. ActBlue

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2016

Amount of Each Disbursement this Period

105.77

☐ Memo Item

Transaction ID : VSG2X9N0YN9

C. ActBlue

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2016

Amount of Each Disbursement this Period

70.35

☐ Memo Item

Transaction ID : VSG2X9N0YP7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

245.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

24.72

☐ Memo Item

Transaction ID : VSG2X9N0YQ4

B. Best Buy

Mailing Address 2452 E Springs Dr

City	State	Zip Code
Madison	WI	53704-7405

Purpose of Disbursement
Computer, hardware and software

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

Amount of Each Disbursement this Period

1396.81

☐ Memo Item

Transaction ID : VSG2X9N0YB0

c. Color Master Printing

Mailing Address 1259 Velp Ave

City	State	Zip Code
Green Bay	WI	54303-4260

Purpose of Disbursement
Contribution Envelope

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2016

Amount of Each Disbursement this Period

380.00

☐ Memo Item

Transaction ID : VSG2X9N0YC8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1801.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

Full Name (Last, First, Middle Initial)

A. Democratic Party of WisconsinMailing Address 15 N Pinckney St
Ste 200

City Madison State WI Zip Code 53703-2833

Purpose of Disbursement
VAN access

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	22	2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : VSG2X9N0YF1

1st payment for Voter Activation Network

B. Offbeat Press

Mailing Address 627 Bay Shore Dr

City Oshkosh State WI Zip Code 54901-5228

Purpose of Disbursement
Website design and content

006

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	24	2016

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Transaction ID : VSG2X9N0YG9

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....

1700.00

TOTAL This Period (last page this line number only).....

3747.06

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Sarah Lloyd for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Offbeat Press

Nature of Debt (Purpose):

Website design and content

Mailing Address 627 Bay Shore Dr

City State

Zip Code

Oshkosh

WI

54901-5228

Outstanding Balance Beginning This Period

0.00

Transaction ID : VSE4D9H6ZN0

Amount Incurred This Period

700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

700.00

2) **TOTALS** This Period (last page this line number only) ▶

700.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

700.00